

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

JAN 8 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42436

Registrar's No. 357

Registration District No. 547

Primary Registration District No. 3029

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
811 South Arch  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARGARET EMMA ARMSTRONG

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
(b) Name of husband or wife C. C. Armstrong 6. (c) Age of husband or wife if alive second years  
7. Birth date of deceased June 12 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Crackfield Missouri  
(City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name not known  
13. Birthplace not known (City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Garland Armstrong  
(b) Address 1307 Lyon St., Hannibal  
17. (a) Burial (b) Date thereof Nov. 8 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Grandview cemetery

18. (a) Signature of funeral director Ray B. Schuyler  
(b) Address 1000 Broadway, Hannibal, Mo.  
19. (a) 12-2-41 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Hannibal  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1250 Broadway  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6  
year 1941 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 1935 to Oct 30  
that I last saw her alive on Oct 30 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular - Renal disease Duration 6 yrs

Due to \_\_\_\_\_

Due to 131a

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. J. Francis (M. D. or other) U  
Address Hannibal, Mo. Date signed Nov 13

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Roy P. Schwartz*

Licensed Embalmer No. *1763*

P. O. Address *1000 Broadway, Harrisburg*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**